DAY TREATMENT SPECIAL REQUIREMENTS CHECKLIST

| MUST HAVE ALL PRESENT | |
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| | Axis I or II diagnosis present, other than a sole diagnosis of Developmental |
| | Disability |
| | Does the child meet Level of Care Criteria? |
| | Is the child experiencing symptoms/behaviors related to diagnosis that severely |
| | impairs the functional abilities in school, social, community or family domains? |
| AND EITHER OF THE FOLLOWING | |
| | The child is living in a family setting and is at risk of being removed from that |
| | setting for reasons related to items 1-3, immediately above. |
| | The child is at risk of or has already experienced significant preschool/school |
| | disruption (multiple suspensions, long term suspensions, expulsion, impaired or |
| | destructive peer relationships, etc.) for reasons related to items 1 through 3 |
| | above. |
| AND EITHER OF THE FOLLOWING | |
| | Client requires a Day Treatment to acquire any of the following: improved |
| | coping skills and strategies, disability management strategies, or strategies for |
| | managing behaviors associated with functional impairments |
| | The child is 3 to 5 years of age with atypical social and emotional development |
| | and manifest behaviors of a diagnosable mental disorder without therapeutic |
| | intervention. |